Town of Moncks Corner _____

Permit Application

(PRINT TYPE ABOVE-Electrical, Plumbing, HVAC or Gas)

(843) 719-7900

Fax (843) 719-7902

Permit #_____

Print Neatly or Type

Issue Date _____

Job Address	Date
Owners Name	TMS # (Required)
Applicant(if different from above)	[]Owner[]Contractor[]Architect
Applicant AddressStreet	State Zip
Applicant Phone # ()	
State Lic # Type Provide copy of licenses for file	
Type of Construction == [] New-Single family [] New-Multi- family # of units []Renovation [] Repairs [] Addition	
Permit Type = Electrical up to 200 amps amps Plumbing- # of fixtures Mechanical (HVAC) Tons of A/C Gas # BTU	
Describe Work	
Contract amount \$	I hereby certify that all the information given on this appli- cation for a building permit is factual. Any misrepresentation given by the applicant can result in delaying the progress of the job and forfeiture of the permit.
Building Department Use Only Building Permit Number	I have supplied a list of sub-contractors working on the job. It is the contractors responsible to insure that all sub-contractors have the appropriate business or professional licenses. Failure to do so could result in shutting the job down and delaying the Certificate of Occupancy.
Permit Fee \$	Contractor / Owner Signature Date
Permit Approvals	OWNER I the owner am acting as the general contractor on this project and will abide by all the rules and regulations just as a licenses
Signature Date Building Dept	contractor would. I understand that the building department can not intervene in contract/ liability disputes. I understand and assume the risk and liabilities as acting as my own general contractor.
Signature Dute	Owner Signature Date

NOTE: All Permits shall become INVALID if: 1. Work has not commenced within 180 days of issue date OR 2. Work is suspended or abandoned for a period of 180 days after the time work is commenced.